

Name In Full

Certificate of Death

Lewisa Baret

mar. <sup>Town</sup> Sudlersville <sup>County</sup> Queens CO

MARYLAND

Died at Date 1902 <sup>Month</sup> 2 <sup>Day</sup> 25 <sup>Y.</sup> 50 <sup>M.</sup> 7 <sup>D.</sup> 21 <sup>Native of</sup> Maryland <sup>Occupation</sup>~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

~~Husband~~  
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of <sup>Primary</sup>Death <sup>Immediate</sup>

Hart Hailer

How long sick

Accident, Suicide, Homicide

Reported by

Leonard Pierce

Address

Los. a. Sta.  Ford undertaker

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Died at

Town

County

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

MARYLAND

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

2.

26

Age

11 yrs.

Md

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Whooping cough

How long sick

4 weeks

Death

Immediate

Accident, Suicide, Homicide

Reported by

Dr. J. Graham M.D.  
 Highside Md

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Susella Clayton

Town

County

Died at

Cottontown

Sumner

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

2nd 5<sup>th</sup>

Age 26

Sumner

~~Male~~

White

~~Married~~

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
of

Wife

Father's  
Name

Wm. Clayton

Mother's

Maiden Name

Maria Coates

Cause of

Primary

Death

Immediate

Heart Disease

How long sick

8 months

Accident, Suicide, Homicide

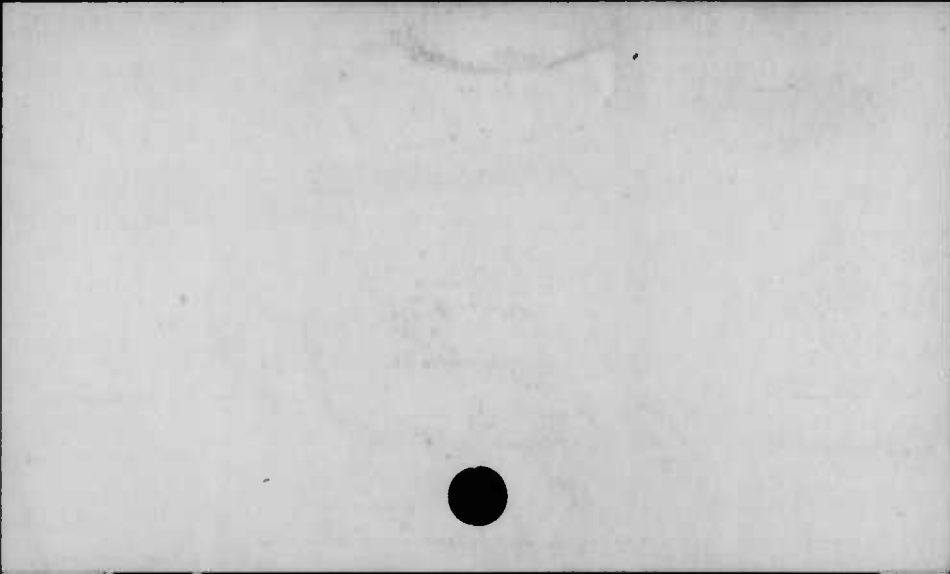
Reported by

Wm. Adams, M.D.

Address

Wye Mills, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name In Full

Certificate of Death

Christiana Corsey

Town

County

Died at

Birdville

Inn Anne Co.

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

2

11

Age

48

-

-

Kent Island

Housekeeper

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

-

Husband  
of

Wife

Father's

Mother's

Name

Samuel Corsey

Maiden Name

Margaret Ann Chance

Cause of

Primary

Pulmonary Tuberculosis

How long sick

3 y 20

Death

Immediate

Exhaustion

~~Accident Suicide Homicide~~

Reported by

Percy Kemp

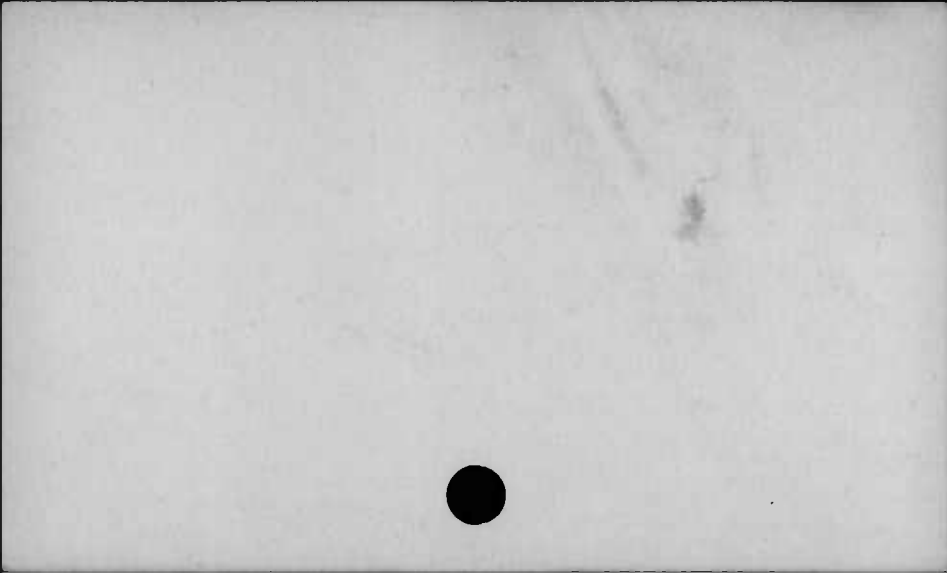
M.D.

Address

Kent Island

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

John F Darnel Col

Died at <sup>near</sup> <sup>Town</sup> Sudlers <sup>County</sup> Luans County MARYLAND

Date 1907 <sup>Month</sup> 2 <sup>Day</sup> 17 <sup>Y.</sup> 0 <sup>M.</sup> 2 <sup>D.</sup> 0 <sup>Native of</sup> Maryland <sup>Occupation</sup>

Male <sup>White</sup> <sup>Married</sup> <sup>Widow</sup> <sup>Divorced</sup>  
 Female <sup>Colored</sup> <sup>Single</sup> <sup>Widower</sup> <sup>Number of children living</sup>

Husband of

Wife

Father's Name John F Darnel Mother's Maiden Name Mary F Darnel

Cause of Primary

How long sick

Death Immediate

Croup

Accident, Suicide, Homicide

Reported by nurse Susie. a white Col

Address Jas. a. Stafford undertaker

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Chas H Dean.

Town

County

Died at *near Queen Anne Queen Anne*

MARYLAND

| Date   | Month   | Day     | Y.      | M.                        | D. | Native of | Occupation |
|--------|---------|---------|---------|---------------------------|----|-----------|------------|
| 1902   | Feb.    | 19      | 71      | 4                         | 9  | Ind.      | Farmer.    |
| Male   | White   | Married | Widow   | Divorced                  |    |           |            |
| Female | Colored | Single  | Widower | Number of children living |    | 4         |            |

Husband  
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Death

Primary

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

Bessie Howner

Died at

Ruthsburg

Town

Queen Anne

County

MARYLAND

Date

1902

Month

2

Day

11

Y.

M.

D.

Native of

Occupation

5

12

Maryland

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widow~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Leonard Howner

Mother's

Name

Bessie Howner

Cause of

Primary

Pneumonia, Teething

How long sick

6 weeks

Death

Immediate

Relapsing Pneumonia

Accident, Suicide, Homicide

Reported by

J. C. Madara  
Pridgety

Address

Caroline Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Cora V Green

|                 |                    |         |                           |
|-----------------|--------------------|---------|---------------------------|
| Date 1902       | 26                 | Age 111 | Maryland                  |
| <del>Male</del> | White              | Married | Widow                     |
| Female          | <del>Colored</del> | Single  | Widower                   |
|                 |                    |         | Number of children living |

Husband of \_\_\_\_\_  
Wife \_\_\_\_\_

Father's Name Andrew J Green Mother's Maiden Name Catherine J Blackiston

|          |           |    |                             |
|----------|-----------|----|-----------------------------|
| Cause of | Primary   | am | How long sick               |
| Death    | Immediate |    | One week                    |
|          |           |    | Accident, Suicide, Homicide |

Reported by *Bradley T Sparks, Undertaker*  
Address *Crumpton Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



"Bertie Edward Harkless"

Died at <sup>Town</sup> *Near Church Hill* <sup>County</sup> *Sevier* *Some* MARYLAND

| Date          | Month          | Day      | Age            | Y.       | M.       | D. | Native of      | Occupation                       |
|---------------|----------------|----------|----------------|----------|----------|----|----------------|----------------------------------|
| 1902          | <i>Feb.</i>    | <i>7</i> | <i>7</i>       | <i>5</i> | <i>1</i> |    | <i>Kent Co</i> |                                  |
| Male          | <i>White</i>   |          | <i>Married</i> |          |          |    | <i>Widow</i>   | <i>Divorced</i>                  |
| <i>Female</i> | <i>Colored</i> |          | <i>Single</i>  |          |          |    | <i>Widower</i> | <i>Number of children living</i> |

Husband of

Wife

Father's Name *Dant Harkless* Mother's Maiden Name *Henrietta Johnston*

| Cause of Death | Primary                 | Immediate                  | How long sick | Accident, Suicide, Homicide |
|----------------|-------------------------|----------------------------|---------------|-----------------------------|
|                | <i>Most likely cold</i> | <i>Father thinks croup</i> | <i>3 days</i> |                             |

Reported by *H. Benze Simmons*

Address *I have not seen the child since Dec 18, 1901* *H. B. Simmons* *Cheslerford Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Emma

Johnson

Town

County

Died at

Ervington

Lancaster Anne

MARYLAND

Date 1902

Feb.

Month

Day

27

Age

Y.

M.

D.

6

11.

11.

Native of

md

Occupation

Male

White

Married

Widow

Divorced

Female

Colored ☒

Single

Widower

Number of children living

Husband  
of

Wife

Father's

Name

Edward Johnson

Mother's

Maiden Name

Charlotte Brown

Cause of

Primary

Consumption

How long sick

3 years

Death

Immediate

Consumption

Accident, Suicide, Homicide

Reported by

F. A. Cullen

Address

R. R. No 1

Millington

md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Lottie Johnson.

Died at <sup>Town</sup> Near Centerville <sup>County</sup> Queen Anne MARYLAND

Date 19 <sup>Month</sup> 02 <sup>Day</sup> 21 <sup>Age</sup> 17 <sup>Y.</sup> <sup>M.</sup> <sup>D.</sup> <sup>Native of</sup> <sup>Occupation</sup>

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of

Wife

Father's Name Thomas H. Johnson Mother's Name Hephzibah Johnson

Maiden Name

Cause of Death { Primary Immediate, don't know

How long sick 13 days

Accident, Suicide, Homicide

Reported by Jos. G. Dawson. Undertaker

Address Centerville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Information given by Thomas. H. Johnson  
No. Doctor

Centreville  
Md.



John Kane  
 Died at Kent Island County Innes MARYLAND  
 Date 19 22 Feb 22 Month Day Y. M. D. Age 6 Native of Kent Island Occupation none  
 Male White ~~Married~~ ~~Widow~~ ~~Divorced~~  
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~  
 Husband of \_\_\_\_\_  
 Wife \_\_\_\_\_  
 Father's Name Steve Kane Mother's Maiden Name Mandy Willson  
 Cause of Death { Primary Croup brought on by cold How long sick 5 hours  
 { Immediate \_\_\_\_\_ Accident, Suicide, Homicide \_\_\_\_\_  
 Reported by Steve Kane The Father  
 Address Kent Island 2/A Leo Rd

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Perry Martin

Town

County

Died at Bondtown

Queen Anne's

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902.

2

18

Age

57.

-

-

D.A.C.

Laborer

Male

~~White~~

Married

Widow

Divorced

~~Female~~

Colored

~~Singler~~

Widower

Number of children living .3

Husband

of

Florence Martin

Wife

Father's

Name

Not Known

Mother's

Maiden Name

Not Known

Cause of

Primary

Apoplexy

How long sick

One hour

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

C. P. Gorman M.D.

G. H. Lee

Address

Birmingham Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Ann McErgane

Town

County

Died at

MARYLAND

Died at *Ruthsburg*  
 Date 19 *02 Feb* 7  
 Month Day Y. M. D.  
 Age *84 5-*  
 Native of *Ireland*  
 Occupation *—*  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living *3*

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

*2 days*

Accident Suicide Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name In Full

Certificate of Death

Grace, Marie, Pinder,

Town

County

Died at

Queenstown

Queenstown

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Feb 27

Age

10

2415 Md

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Nathan Pinder

Mother's

Maiden Name

Elizabeth Morris

Cause of

Primary

Pneumonia

How long sick

Death

Immediate

Suffocation

Accident, Suicide, Homicide

Reported by

Charles

Cockey

MD

Address

Queenstown

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

Died at

Date 19

Male

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

of

Elizabeth Robinson

Mother's

Maiden Name

Primary

Immediate

How long sick

Accident, Suicide, Homicide

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0-70-13-25



Name In Full

Certificate of Death

Charles Turner

Died at <sup>Town</sup> Kent Island <sup>County</sup> Queen Annes — MARYLAND

Date 1902 Feb 25 Age 48 — — Y. M. D. Native of cld Occupation Saboten

Male

Married

Widow

Divorced

Colored

Number of children living 7

Husband of

Father's

Name

Cause of

Death

Primary

Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Follie Richardson

Chas Turner Maiden Name Rosetta Anderson

Pneumonia

How long sick

1 wk

Accident, Suicide, Homicide

C. Percy Keen

Kent Island Maryland



Name in Full

Certificate of Death

Baby Turner

Died at <sup>Town</sup> Sudlersville <sup>County</sup> Zions county MARYLAND

Date 1902 <sup>Month</sup> 2 <sup>Day</sup> 4 <sup>Y.</sup> <sup>M.</sup> <sup>D.</sup> <sup>Age</sup> 28 <sup>Native of</sup> Md <sup>Occupation</sup> Zions

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Colic 15

Accident, Suicide, Homicide

Reported by

Address

By mother Mary Turner  
 Jas. A. Stafford Undertaker

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Lulu F. Willoughby

Died at <sup>Town</sup> Kent Island <sup>County</sup> Queen Anne's - MARYLAND

Date 19 <sup>Month</sup> 02 <sup>Day</sup> Feb 27 Age <sup>Y.</sup> 4 <sup>M.</sup> 8 <sup>D.</sup> - <sup>Native of</sup> cldd <sup>Occupation</sup> \_\_\_\_\_

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female ~~Colored~~ Single ~~Widower~~ Number of child en living \_\_\_\_\_

Husband of \_\_\_\_\_  
 Wife \_\_\_\_\_

Father's Name A. D. Willoughby Mother's Maiden Name Martha F. Beauchamp

Cause of Death { Primary Acute Nephritis How long sick about 2 wks  
 Immediate Accident, Suicide, Homicide

Reported by C Perry Kemp 119  
 Address Kent Island cldd. ✓

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

John Wright

Town

County

Died at Near Carmichael Lenox Anne MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

2 21

Age 32

MD

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

Husband  
of

Wife

Father's  
Name

Mother's

Maiden Name

Cause of  
PrimaryDeath  
Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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